

Notice of Agency Rule-making Proposal

AGENCY: Department of Environmental Protection

RULE TITLE OR SUBJECT: Chapter 355 Sand Dune Rules

PROPOSED RULE NUMBER:

CONCISE SUMMARY The department is proposing amendments to Chapter 355 Sand Dune Rules. The proposed amendments would: 1) increase its comprehension by the public, municipal officials and the regulated community, principally through reformatting of the rules; 2) remove and/or clarify a number of statutory and regulatory exemptions; and 3) amend a number of definitions to improve the clarity of the rules. The department has included provisions to require that all new and reconstructed buildings in frontal dune areas and unstable back dune areas be elevated on posts or piles to allow for the free flow of water and sand. The department has also included new sections that would allow for new construction in frontal dune areas.

The first new section, Section 6(B)(5), would allow an applicant to apply for the construction of a building in a frontal dune subject to meeting specific siting and construction criteria. The rules would limit the ability to apply for a permit to only those vacant lots located in developed sand dune systems that have residential buildings located on either side. The second new section, Section 8, addresses all other vacant lots in frontal dunes and is specifically worded to address the issue of the taking of private property without compensation. The Board of Environmental Protection would have the sole authority to consider variances under this section.

THIS RULE WILL__ WILL NOT_X_ HAVE A FISCAL IMPACT ON MUNICIPALITIES.

STATUTORY AUTHORITY: 38 M. R. S. A. Section 341- D(1)

PUBLIC HEARING: Wednesday, August 14, 2002, at 1:30
Wells High School Auditorium
Sanford Road, Wells, Maine

DEADLINE FOR COMMENTS: 5:00 P. M. on August 28, 2002. Comments may be submitted by mail at the address below, by fax at (207) 287 7191 or by e-mail to Jeff.G.Madore @state.me.us

AGENCY CONTACT PERSON: Jeff Madore
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Please approve bottom portion of this form and
assign appropriate MFASIS number.

APPROVED FOR PAYMENT _____ DATE: _____
Authorized signature

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